



# **2012 Three-Tier Traditional Prescription Drug List — State of Nebraska (Top 500 Medications)**

OptumRx™ Pharmacy Services

# Your OptumRx Pharmacy Services offer flexibility and choice in finding the right medication for you.

This guide will:

- Help you understand your medication choices and make informed decisions.
- Help you understand which questions to ask your doctor or pharmacist.

This guide represents the top 500 most utilized medications. For a complete list, go to [myuhc.com](http://myuhc.com)<sup>®</sup> and create an account to access information specific to your plan. Once you are logged on, click **Pharmacies and Prescriptions**. You may learn more about your benefit online or by calling the Customer Care telephone number printed on your health plan ID card.

## *Contents:*

What is a Prescription Drug List? . . . . .	3
Information about Tiers . . . . .	3-4
Frequently Asked Questions . . . . .	4-5
Prescription Drug List. . . . .	6-24
Specialty Drug List . . . . .	25-29
Excluded Drugs. . . . .	30-31



## What is the OptumRx Prescription Drug List (PDL)?

A PDL is a list of Food and Drug Administration (FDA)-approved brand name and generic medications.

Your pharmacy benefit provides coverage for a comprehensive selection of prescription medications. Below you will find some commonly prescribed medications. You and your doctor may refer to this list to select the right medication to meet your needs. The benefit plan documents provided by your employer or health plan include a Summary Plan Description. Please refer to these documents to determine which medications are covered under your individual plan.

## Who decides which medications get placed in which tier?

The OptumRx Business Implementation Committee makes tier placement decisions to help ensure access to a wide range of medications and to control health care costs for you and your employer or health plan. You and your doctor decide which medication is appropriate for you.

## What factors does the Business Implementation Committee look at to make tier placement decisions?

The Business Implementation Committee decides the tier placement of a particular prescription medication based upon clinical information from the OptumRx Pharmacy and Therapeutic (P&T) Committee and economic and financial considerations. This committee, comprised of practicing general and specialist physicians and pharmacists, looks at the overall health care value of a particular medication in order to balance the need for flexibility and choice for our members and an affordable pharmacy benefit for employer groups and health plans.

### Understanding Tiers

Prescription medications are categorized within three tiers. Each tier is assigned a copayment, the amount you pay when you fill a prescription. The copayment is determined by your employer or health plan. Consult your benefit plan documents to find out the specific copayments, coinsurance and deductibles that are part of your plan.

Please note: Some plans have a four-tier prescription plan. Refer to your enrollment materials, check the drug pricing/coverage information by logging onto [myuhc.com](https://myuhc.com), click **Pharmacies and Prescriptions**. Or call the Customer Care number on your health plan ID card for more information about your benefit plan.

#### **Tier 1 – Your lowest-cost option** *(formerly called Generic)*

This is your lowest copayment option. For the lowest out-of-pocket expense, you should always consider Tier 1 medications if you and your doctor decide they are right for your treatment.

#### **Tier 2 – Your midrange-cost option** *(formerly called Preferred Brands)*

This is your middle copayment option. Consider Tier 2 medications if you and your doctor decide that a Tier 2 medication is right for your treatment.

#### **Tier 3 – Your highest-cost option** *(formerly called Non-Preferred Brands)*

This is your highest copayment option. Sometimes there are alternatives available in Tier 1 or Tier 2 that may be appropriate to treat your condition. If you are currently taking a medication in Tier 3, ask your doctor whether there are Tier 1 or Tier 2 alternatives that may be right for your treatment.

Compounded medications: medications with one or more ingredients that are prepared “on-site” by a pharmacist, are classified at the Tier 3 level.

## How often will prescription medications change tiers?

Medications may move to a higher tier once per calendar year (January 1). Additionally, when a brand name medication becomes available as a generic, the tier status of the brand name medication will be evaluated. When a medication changes tiers, you may be required to pay more or less for that medication. You will be notified prior to a change if a higher copayment is required. For the most current information on your pharmacy coverage, please call the Customer Care number on your health plan ID card or log onto [myuhc.com](http://myuhc.com), click **Pharmacies and Prescriptions**.

## What is the difference between brand name and generic medications?

Generic medications contain the same active ingredients as brand name medications, but they often cost less. Generic medications become available after the patent on the brand name medication expires. At that time, other companies are permitted to manufacture an FDA-approved, chemically equivalent medication. Many companies that make brand name medications also produce and market generic medications.

The next time your doctor gives you a prescription for a brand name medication, ask if a generic equivalent is available and if it might be appropriate for you since generic medications are your lowest cost option. Log onto [myuhc.com](http://myuhc.com), click **Pharmacies and Prescriptions** to determine the copayment for your generic medication.

## Why are there notations next to certain medications in the PDL and what do they mean?

The specific definitions for these notations (QL, PA, ST, etc.) are listed below and refer to our pharmacy programs. These programs can help:

- Confirm coverage based on your benefit plan.
- Alert pharmacists and doctors of potentially harmful doses.
- Alert pharmacists and doctors of potentially harmful medication interactions.
- Notify your pharmacist and doctor of duplication in treatment.

**These pharmacy programs may or may not apply to your pharmacy plan.** Please check your pharmacy plan details for more specific information, or call Customer Care if you need additional information about these notations.

**PA** = *Prior Authorization Required*

**ST** = *Step Therapy Required*

You may be asked to try a different drug on the PDL first.

**QL** = *Quantity Limit*

There may be a limit on the number of units per day, per period or per prescription based on FDA-approved indications.

**SP** = *Specialty Medication*

**<sup>1</sup>/<sub>2</sub>T** = *Eligible for 1/2 Tab Program*

Applies to some medications that can be split. Ask your doctor to prescribe a higher strength with 1/2 the quantity. You will pay 1/2 your standard copayment.

**AE** = *Age Edit*

This medication applies to a specific age group. Members outside of this age group need to meet specific criteria for approval prescription based on FDA-approved indications.



## Why is the medication that I am currently taking no longer covered?

Medications may be excluded from coverage under your pharmacy benefit. For example, a prescription medication may be excluded from coverage when it is therapeutically equivalent to an over-the-counter or other prescription medication. Alternatives on the PDL and other over-the-counter medications may be available.

## When should I consider discussing over-the-counter or non-prescription medications with my doctor?

An over-the-counter medication can be an appropriate treatment for many conditions. Consult your doctor about over-the-counter alternatives to treat your condition. These medications are not covered under your pharmacy benefit, but they may cost less than your out-of-pocket expense or prescription medications.

## What should I do if I use a self-administered injectable medication?

You may have coverage for self-administered injectable medications through your pharmacy benefit plan. UnitedHealthcare has developed a specialty pharmacy network for these medications. Please call the Customer Care number on your health plan ID card. The representative will answer questions about our program and transfer you to a specialty pharmacy based on your particular specialty medication prescription.

## How do I access updated information about my pharmacy benefit?

Since the PDL may change periodically, we encourage you to log onto [myuhc.com](https://myuhc.com), click **Pharmacies and Prescriptions** or call the Customer Care number on your health plan ID card for more current information.

You will also have the following online pharmacy resources and tools:

- Pharmacy benefit and coverage information
- Specific copayment amounts for prescription medications
- Possible lower-cost medication alternatives
- Medication interactions and side effects, etc.
- Locate a participating retail pharmacy by ZIP code
- Review your prescription history

And, if mail order is included in your pharmacy benefit, you can also:

- Refill prescriptions
- Check the status of your order
- Manage your account

## What if I still have questions?

Please call the Customer Care number on your health plan ID card. Representatives are available to assist you 24 hours a day, except Thanksgiving and Christmas.





## TOP 500 MEDICATIONS

DRUG NAME	DOSAGE FORM(S)	COMMON USE	TYPE	TIER
ABILIFY	TABLET	Central Nervous System Agents	B	2 QL
ACCU-CHEK	TEST STRIPS	Diabetic Supplies	B	2 QL
ACCU-CHEK	LANCETS	Diabetic Supplies	B	2
ACTONEL	TABLET	Osteoporosis	B	2 QL
ACTOPLUS MET	TABLET	Diabetes/Endocrine - Non-Insulin	B	2 ST QL
ACTOS	TABLET	Diabetes/Endocrine - Non-Insulin	B	2 ST QL 1/2T
ACYCLOVIR	TABLET/CAPSULE	Antivirals	G	1
ADDERALL XR	CAPSULE	Attention Deficit Disorder		
ADVAIR DISKUS	AEROSOL	Asthma/COPD	B	2 QL
ADVAIR HFA	AEROSOL	Asthma/COPD	B	2 QL
ADVICOR	24-HOUR TABLET	High Cholesterol	B	2 QL
AGGRENOX	12-HOUR CAPSULE	Blood Modifiers	B	2
ALBUTEROL	NEBULIZATION SOLUTION	Asthma/COPD	G	1
ALENDRONATE	TABLET	Osteoporosis	G	1
ALLOPURINOL	TABLET	Metabolic/Endocrine	G	1
ALPHAGAN P	SOLUTION	Eye Condition - Glaucoma	B	2 QL
ALPRAZOLAM	TABLET/24-HOUR TABLET	Central Nervous System Agents	G	1
AMBIEN CR	CONTROLLED RELEASE TABLET	Sedatives/Hypnotics	B	3 QL
AMIODARONE	TABLET	Cardiovascular Agents	G	1
AMITIZA	CAPSULE	Gastrointestinal Agents	B	2 ST QL
AMITRIPTYLINE	TABLET	Depression	G	1
AMLODIPINE	TABLET	High Blood Pressure	G	1 QL
AMLODIPINE/ ATORVASTATIN	TABLET	High Cholesterol	G	1 QL
AMLODIPINE/BENAZEPRIL	CAPSULE	High Blood Pressure	G	1 QL
AMOXICILLIN	CAPSULE/TABLET/ SUSPENSION	Antibiotics	G	1
AMOXICILLIN/K CLAVULANATE	TABLET/SUSPENSION	Antibiotics	G	1
AMPHETAMINE	TABLET	Attention Deficit Disorder	G	1 AE QL
AMPHETAMINE	24-HOUR CAPSULE	Attention Deficit Disorder	G	1 AE QL
ANASTROZOLE	TABLET	Oncology	G	1
ANDRODERM	PATCH	Metabolic/Endocrine	B	2 PA QL

**\*\*Pharmacy programs (QL, ST, and PA) may or may not apply to your pharmacy plan.  
Please check your pharmacy plan details for more specific information.**



DRUG NAME	DOSAGE FORM(S)	COMMON USE	TYPE	TIER
ANDROGEL	GEL	Metabolic/Endocrine	B	2 PA QL
ANTARA	CAPSULE	High Cholesterol	B	2 QL
ANTIPYRINE/BENZOCAINE	SOLUTION	Ophthalmic/Otic	G	1
ANUCORT-HC	SUPPOSITORY	Gastrointestinal Agents	G	1
APAP/CODEINE	TABLET/SOLUTION	Musculoskeletal - Pain Relief	G	1 QL
APIDRA	VIAL	Diabetes/Endocrine - Insulin	B	3
APIDRA	PEN/CARTRIDGE	Diabetes/Endocrine - Insulin	B	3
APRI	TABLET	Women's Health - Contraceptives	G	1
APRISO	CAPSULE	Gastrointestinal Agents	B	2 QL
ARICEPT	TABLET	Central Nervous System	M	3 QL
ARMOUR THYROID	TABLET	Metabolic/Endocrine	B	3
ASACOL	DELAYED RELEASE TABLET	Gastrointestinal Agents	B	2 QL
ASTEPRO	NASAL SOLUTION	Nasal Allergies	B	2 QL
ATENOLOL	TABLET	High Blood Pressure	G	1
ATENOLOL/ CHLORTHALIDONE	TABLET	High Blood Pressure	G	1
ATORVASTATIN	TABLET	High Cholesterol	G	1 1/2T
ATRIPLA	TABLET	Antivirals	B	2
ATROVENT HFA	AEROSOL	Asthma/COPD	B	2 QL
AVANDIA	TABLET	Diabetes/Endocrine - Non-Insulin	B	3 PA QL 1/2T
AVAPRO	TABLET	High Blood Pressure	M	3 QL 1/2T
AVELOX	TABLET	Antibiotics	B	3
AVIANE	TABLET	Women's Health - Contraceptives	G	1
AVODART	CAPSULE	Men's Health - Prostate	B	2 QL
AZATHIOPRINE	TABLET	Misc Therapeutic Agents	G	1
AZELASTINE	NASAL SOLUTION	Nasal Allergies	G	1 QL
AZITHROMYCIN	TABLET	Antibiotics	G	1
AZITHROMYCIN	SUSPENSION	Antibiotics	G	1
AZOR	TABLET	High Blood Pressure	B	3 ST QL
AZURETTE	TABLET	Women's Health - Contraceptives	G	1
BACLOFEN	TABLET	Musculoskeletal - Pain Relief	G	1

**\*\*Pharmacy programs (QL, ST, and PA) may or may not apply to your pharmacy plan.  
Please check your pharmacy plan details for more specific information.**



## TOP 500 MEDICATIONS

DRUG NAME	DOSAGE FORM(S)	COMMON USE	TYPE	TIER
BARACLUDE	TABLET	Antivirals	B	2 QL
BAYER BREEZE	TEST STRIPS	Diabetic Supplies	B	2 QL
BAYER CONTOUR	TEST STRIPS	Diabetic Supplies	B	2 QL
BD PEN NEEDLE	NEEDLES	Diabetic Supplies	B	2
BENZAEPRIIL	TABLET	High Blood Pressure	G	1
BENZAEPRIIL/HCTZ	TABLET	High Blood Pressure	G	1
BENICAR	TABLET	High Blood Pressure	B	2 ST QL 1/2T
BENICAR HCT	TABLET	High Blood Pressure	B	2 ST QL
BENZAMYCIN GEL	PAK	Dermatology	B	2
BENZONATATE	CAPSULE	Respiratory Agents	G	1
BETIMOL	SOLUTION	Eye Condition - Glaucoma	B	2 QL
BETOPTIC S	SUSPENSION	Eye Condition - Glaucoma	B	2
BEYAZ	TABLET	Women's Health - Contraceptives	B	2
BISOPROLOL FUMARATE	TABLET	High Blood Pressure	G	1
BISOPROLOL/HCTZ	TABLET	High Blood Pressure	G	1
BLEPHAMIDE	SUSPENSION	Eye Condition - Antibiotic	B	2
BLEPHAMIDE S.O.P.	OINTMENT	Eye Condition - Antibiotic	B	2
BONIVA	TABLET	Osteoporosis	B	2 QL
BRIMONIDINE	SOLUTION	Eye Condition - Glaucoma	G	1 QL
BUDEPRION XL	24-HOUR TABLET	Depression	G	1 QL
BUDESONIDE	SUSPENSION	Asthma/COPD	G	1 QL
BUMETANIDE	TABLET	High Blood Pressure	G	1
BUPROPION	TABLET/12-HOUR/24-HOUR TABLET	Depression	G	1
BUSPIRONE	TABLET	Central Nervous System Agents	G	1
BUTALBITAL/ASA/CAFFEINE	CAPSULE/TABLET	Musculoskeletal - Pain Relief	G	1
BYETTA	PEN	Diabetes/Endocrine - Non-Insulin	B	2 ST QL
BYSTOLIC	TABLET	High Blood Pressure	B	2 QL
CABERGOLINE	TABLET	Metabolic/Endocrine	G	1
CADUET	TABLET	High Cholesterol	M	3 ST QL
CALCITRIOL	CAPSULE	Vitamins/Minerals/Electrolytes	G	1
CARAC	CREAM	Dermatology	B	2

**\*\*Pharmacy programs (QL, ST, and PA) may or may not apply to your pharmacy plan.  
Please check your pharmacy plan details for more specific information.**





DRUG NAME	DOSAGE FORM(S)	COMMON USE	TYPE	TIER
CARAFATE	SUSPENSION	Gastrointestinal - Acid Suppression	B	2
CARBAMAZEPINE	TABLET	Seizure Disorders	G	1
CARBIDOPA/LEVODOPA	TABLET	Seizure Disorders	G	1
CARISOPRODOL	TABLET 250	Musculoskeletal - Pain Relief	G	1
CARTIA XT	24-HOUR CAPSULE	High Blood Pressure	G	1
CARVEDILOL	TABLET	High Blood Pressure	G	1
CEFDINIR	CAPSULE/SUSPENSION	Antibiotics	G	1
CEFPROZIL	TABLET	Antibiotics	G	1
CEFUROXIME	TABLET	Antibiotics	G	1
CELEBREX	CAPSULE	Musculoskeletal - Pain Relief	B	3 PA QL
CEPHALEXIN	CAPSULE	Antibiotics	G	1
CEPHALEXIN	SUSPENSION	Antibiotics	G	1
CHERATUSSIN	SYRUP	Respiratory Agents	G	1
CHLORHEXIDINE GLUCONATE	SOLUTION	Misc Therapeutic Agents	G	1
CHLORTHALIDONE	TABLET	High Blood Pressure	G	1
CIPRODEX	SUSPENSION	Ophthalmic/Otic	B	3
CIPROFLOXACN	TABLET	Antibiotics	G	1
CIPROFLOXACN	SOLUTION	Eye Condition - Antibiotic	G	1 QL
CITALOPRAM	TABLET	Depression	G	1
CITRANATAL	PACK	Vitamins/Minerals/Electrolytes	B	2
CLARITHROMYCIN	TABLET, 24-HOUR TABLET	Antibiotics	G	1
CLEOCIN	SUPPOSITORY	Antibiotics	B	2
CLIMARA PRO	PATCH	Women's Health - Estrogen / Progesterone		
CLINDAMYCIN	CAPSULE	Antibiotics	G	1
CLINDAMYCIN	GEL, SOLUTION, LOTION	Dermatology	G	1
CLINDAMYCIN/BENZOYL PEROXIDE	GEL	Dermatology	G	1 QL
CLOBETASOL	CREAM, OINTMENT	Dermatology	G	1
CLOBETASOL	SOLUTION	Dermatology	G	1
CLONAZEPAM	TABLET	Seizure Disorders	G	1

**\*\*Pharmacy programs (QL, ST, and PA) may or may not apply to your pharmacy plan.  
Please check your pharmacy plan details for more specific information.**



## TOP 500 MEDICATIONS

DRUG NAME	DOSAGE FORM(S)	COMMON USE	TYPE	TIER
CLONIDINE	TABLET	High Blood Pressure	G	1
CLORAZEPATE DIPOTASSIUM	TABLET	Central Nervous System Agents	G	1
CLOTRIMAZOLE/ BETAMETHAZONE	CREAM	Dermatology	G	1
COLCRYS	TABLET	Metabolic/Endocrine	B	2 QL
COMBIGAN	SOLUTION	Eye Condition - Glaucoma	B	2 QL
COMBIPATCH	BIWEEKLY PATCH	Women's Health - Estrogen / Progesterone	B	3 QL
COMBIVENT	AEROSOL	Asthma/COPD	B	2 QL
CONDYLOX	GEL	Dermatology	B	2
COREG CR	24-HOUR CAPSULE	High Blood Pressure	B	3 ST QL
COUMADIN	TABLET	Blood Modifiers	B	2
CREON	CAPSULE	Gastrointestinal Agents	B	2
CRESTOR	TABLET	High Cholesterol	B	2 QL 1/2T
CRYSSELLE-28	TABLET	Women's Health - Contraceptives	G	1
CYCLOBENZAPRINE	TABLET	Musculoskeletal - Pain Relief	G	1
CYMBALTA	DELAYED RELEASE CAPSULE	Depression	B	2 QL
CYTOMEL	TABLET	Metabolic/Endocrine	B	3
DESONIDE	CREAM	Dermatology	G	1
DETROL LA	24-HOUR CAPSULE	Overactive Bladder	B	3 ST QL
DEXAMETHASONE	TABLET	Metabolic/Endocrine	G	1
DEXILANT	DELAYED RELEASE CAPSULE	Gastrointestinal - Acid Suppression	B	2 QL
DIAZEPAM	TABLET	Seizure Disorders	G	1
DICLOFENAC	DELAYED RELEASE TABLET	Musculoskeletal - Pain Relief	G	1 QL
DICYCLOMINE	TABLET/CAPSULE	Overactive Bladder	G	1
DIFFERIN 0.3%	GEL	Dermatology	B	2 QL
DIGOXIN	TABLET	Cardiovascular Agents	G	1
DILANTIN	CAPSULE	Seizure Disorders	B	2
DILTIAZEM	24-HOUR CAPSULE/ TABLET	High Blood Pressure	G	1
DIOVAN	TABLET	High Blood Pressure	B	2 ST QL 1/2T

**\*\*Pharmacy programs (QL, ST, and PA) may or may not apply to your pharmacy plan.  
Please check your pharmacy plan details for more specific information.**



DRUG NAME	DOSAGE FORM(S)	COMMON USE	TYPE	TIER
DIOVAN HCT	TABLET	High Blood Pressure	B	2 ST QL
DIPHENOXYLATE/ ATROPINE	TABLET	Gastrointestinal Agents	G	1
DIVALPROEX	24-HOUR TABLET, DELAYED RELEASE	Seizure Disorders	G	1
DONEPEZIL	TABLET	Central Nervous System Agents	G	1 QL
DORZOLAMIDE/TIMOLOL	SOLUTION	Eye Condition - Glaucoma	G	1 QL
DOVONEX	CREAM	Dermatology	B	2 QL
DOXEPIN HCL	CAPSULE	Depression	G	1
DOXYCYCLINE	CAPSULE, TABLET	Antibiotics	G	1
DUETACT	TABLET	Diabetes/Endocrine - Non-Insulin		
ECONAZOLE	CREAM	Dermatology	G	1
EFFEXOR XR	24-HOUR CAPSULE	Depression	M	2 QL
EFFIENT	TABLET	Blood Modifiers	B	2 QL
ELIDEL	CREAM	Dermatology	B	2 QL
ELMIRON	CAPSULE	Blood Modifiers	B	2 QL
ENABLEX	24-HOUR TABLET	Overactive Bladder	B	2 QL
ENALAPRIL	TABLET	High Blood Pressure	G	1
ENDOCET	TABLET	Musculoskeletal - Pain Relief	G	1 QL
ENJUVIA	TABLET	Women's Health - Estrogen / Progesterone	B	2 QL
ENOXAPARIN	INJECTION	Blood Modifiers	G	1 QL
EPIDUO	GEL	Dermatology	B	3 AE QL
EPIPEN	INJECTION	Cardiovascular Agents / Miscellaneous	B	2 QL
ERRIN	TABLET	Metabolic/Endocrine	G	1
ERY-TAB	TABLET	Antibiotics	B	2
ERYTHROMYCIN	OINTMENT	Eye Condition - Antibiotic	G	1
ESTERIFIED ESTROGEN	TABLET	Women's Health - Estrogen / Progesterone	G	1 QL
ESTRACE VAGINAL	CREAM	Genitourinary	B	2
ESTRADERM	PATCH	Women's Health - Estrogen / Progesterone	B	2 QL

**\*\*Pharmacy programs (QL, ST, and PA) may or may not apply to your pharmacy plan.  
Please check your pharmacy plan details for more specific information.**



## TOP 500 MEDICATIONS

DRUG NAME	DOSAGE FORM(S)	COMMON USE	TYPE	TIER
ESTRADIOL	TABLET, WEEKLY PATCH	Women's Health - Estrogen / Progesterone	G	1 QL
ESTRADIOL/ NORETHINDRONE	TABLET	Women's Health - Contraceptives	G	1 QL
ETODOLAC	TABLET	Musculoskeletal - Pain Relief	G	1 QL
EURAX	CREAM	Dermatology	B	2
EVISTA	TABLET	Osteoporosis	B	2 QL
EXFORGE	TABLET	High Blood Pressure	B	2 ST QL
EXFORGE HCT	TABLET	High Blood Pressure	B	2 ST QL
FAMCICLOVIR	TABLET	Antivirals	G	1 QL
FELODIPINE	24-HOUR TABLET	High Blood Pressure	G	1 QL
FENOFIBRATE	TABLET, CAPSULE	High Cholesterol	G	1 QL
FENTANYL	72-HOUR PATCH	Musculoskeletal - Pain Relief	G	1 QL
FINACEA	GEL	Dermatology	B	2 QL
FINASTERIDE	TABLET	Men's Health - Prostate	G	1
FLECAINIDE	TABLET	Cardiovascular Agents	G	1
FLOVENT DISKUS	AEROSOL	Asthma/COPD	B	2 QL
FLOVENT HFA	AEROSOL	Asthma/COPD	B	2 QL
FLUCONAZOLE	SINGLE TABLET	Antifungals	G	1
FLUDROCORTISONE	TABLET	Metabolic/Endocrine	G	1
FLUOCINONIDE	CREAM	Dermatology	G	1
FLUOXETINE	CAPSULE, TABLET	Depression	G	1
FLUTICASONE	NASAL SUSPENSION	Nasal Allergies	G	1 QL
FML S.O.P.	OINTMENT	Ophthalmic/Otic	B	2
FOCALIN XR	24-HOUR CAPSULE	Attention Deficit Disorder	B	3 ST AE QL
FOLIC ACID	TABLET	Blood Modifiers	G	1
FORADIL	CAPSULE	Asthma/COPD	B	2 QL
FOSINOPRIL	TABLET	High Blood Pressure	G	1
FREESTYLE	TEST STRIPS	Diabetic Supplies	B	3 ST QL
FREESTYLE	LANCETS	Diabetic Supplies	B	2
FROVA	TABLET	Central Nervous System - Migraine	B	2 QL
FUROSEMIDE	TABLET	High Blood Pressure	G	1

**\*\*Pharmacy programs (QL, ST, and PA) may or may not apply to your pharmacy plan.  
Please check your pharmacy plan details for more specific information.**



DRUG NAME	DOSAGE FORM(S)	COMMON USE	TYPE	TIER
GABAPENTIN	CAPSULE, TABLET	Seizure Disorders	G	1
GELNIQUE	GEL	Overactive Bladder	B	2 QL
GEMFIBROZIL	TABLET	High Cholesterol	G	1 QL
GENTAMICIN	SOLUTION	Eye Condition - Antibiotic	G	1
GEODON	CAPSULE	Central Nervous System Agents	M	3 QL
GG/CODEINE	SYRUP	Respiratory Agents	G	1
GIANVI	TABLET	Women's Health - Contraceptives	G	1
GILDESS FE	TABLET	Metabolic/Endocrine	G	1
GLIMEPIRIDE	TABLET	Diabetes/Endocrine - Non-Insulin	G	1
GLIPIZIDE	TABLET	Diabetes/Endocrine - Non-Insulin	G	1
GLIPIZIDE ER	24-HOUR TABLET	Diabetes/Endocrine - Non-Insulin	G	1
GLIPIZIDE XL	24-HOUR TABLET	Diabetes/Endocrine - Non-Insulin	G	1
GLUCAGON	KIT	Diabetic Supplies	B	2 QL
GLUCOCARD	TEST STRIPS	Diabetic Supplies	B	1
GLYBURIDE	TABLET	Diabetes/Endocrine - Non-Insulin	G	1
GLYBURIDE/METFORMIN	TABLET	Diabetes/Endocrine - Non-Insulin	G	1
GRIFULVIN V	TABLET	Antifungals	B	2
GUANFACINE	TABLET	Cardiovascular Agents	G	1
HELIDAC	PACK	Gastrointestinal - Acid Suppression	B	2 QL
HUMALOG	VIAL	Diabetes/Endocrine - Insulin	B	2
HUMALOG MIX	PEN/CARTRIDGE	Diabetes/Endocrine - Insulin	B	2
HUMULIN	VIAL	Diabetes/Endocrine - Insulin	B	2
HUMULIN R U-500	VIAL	Diabetes/Endocrine - Insulin	B	3
HYDRALAZINE	TABLET	High Blood Pressure	G	1
HYDROCHLOROTHIAZIDE	TABLET, CAPSULE	High Blood Pressure	G	1
HYDROCODONE/APAP	TABLET, SOLUTION	Musculoskeletal - Pain Relief	G	1 QL
HYDROCODONE/ HOMATROPINE	SYRUP	Respiratory Agents	G	1
HYDROCODONE/ IBUPROFEN	TABLET	Musculoskeletal - Pain Relief	G	1 QL
HYDROCORT	CREAM	Dermatology	G	1
HYDROCORTISONE	TABLET	Metabolic/Endocrine	G	1

**\*\*Pharmacy programs (QL, ST, and PA) may or may not apply to your pharmacy plan.  
Please check your pharmacy plan details for more specific information.**





## TOP 500 MEDICATIONS

DRUG NAME	DOSAGE FORM(S)	COMMON USE	TYPE	TIER
HYDROMET	SYRUP	Respiratory Agents	G	1
HYDROMORPHONE	TABLET	Musculoskeletal - Pain Relief	G	1
HYDROXYCHLOROQUINE	TABLET	Musculoskeletal - Rheumatoid Arthritis	G	1
HYDROXYZINE	TABLET, CAPSULE	Oral Allergies	G	1
HYOSCYAMINE	SUBLINGUAL TABLET	Overactive Bladder	B	1
IBUPROFEN	TABLET	Musculoskeletal - Pain Relief	G	1 QL
IMIPRAMINE HCL	TABLET	Depression	G	1
IMIQUIMOD	CREAM	Dermatology	G	1 QL
INDOMETHACIN	CONTROLLED RELEASE, CAPSULE	Musculoskeletal - Pain Relief	G	1 QL
INSULIN SYRINGE	SYRINGE	Diabetic Supplies	B	2
INTUNIV	24-HOUR TABLET	Attention Deficit Disorder	B	3 ST AE QL
IPRATROPIUM	SOLUTION	Asthma/COPD	G	1
IPRATROPIUM/ALBUTEROL	SOLUTION	Asthma/COPD	G	1
IRBESARTAN	TABLET	High Blood Pressure	G	1 QL 1/2T
ISENTRESS	TABLET	Antivirals	B	2
ISOSORBIDE MONONITRATE	24-HOUR TABLET	High Blood Pressure	G	1
JALYN	CAPSULE	Men's Health - Prostate	B	2 QL
JAKAFI	TABLET	Blood Modifiers	B	3 PA QL
JANUMET	TABLET	Diabetes/Endocrine - Non-Insulin	B	2 ST QL
JANUVIA	TABLET	Diabetes/Endocrine - Non-Insulin	B	2 ST QL
JOLIVETTE	TABLET	Women's Health - Contraceptives	G	1
JUNEL FE	TABLET	Women's Health - Contraceptives	G	1
KARIVA	TABLET	Women's Health - Contraceptives	G	1
KETOCONAZOLE	CREAM, SHAMPOO	Dermatology	G	1
KETOROLAC	TABLET	Musculoskeletal - Pain Relief	G	1 QL
KLOR-CON 10, M10, M20	CONTROLLED RELEASE TABLET	Vitamins/Minerals/Electrolytes	G	1
LABETALOL	TABLET	High Blood Pressure	G	1
LAMICTAL	TABLET	Seizure Disorders	B	2
LAMICTAL ODT	TABLET	Seizure Disorders	B	2

**\*\*Pharmacy programs (QL, ST, and PA) may or may not apply to your pharmacy plan.  
Please check your pharmacy plan details for more specific information.**



DRUG NAME	DOSAGE FORM(S)	COMMON USE	TYPE	TIER
LAMICTAL XR	TABLET	Seizure Disorders	B	2 QL
LAMOTRIGINE	TABLET	Seizure Disorders	G	1
LANOXIN	TABLET	Cardiovascular Agents	M	2
LANSOPRAZOLE	DELAYED RELEASE CAPSULE, ODT	Gastrointestinal - Acid Suppression	G	1 QL
LANTUS	VIAL	Diabetes/Endocrine - Insulin	B	2
LANTUS	PEN/CARTRIDGE	Diabetes/Endocrine - Insulin	B	2
LATANOPROST	SOLUTION	Eye Condition - Glaucoma	G	1 QL
LEFLUNOMIDE	TABLET	Musculoskeletal - Rheumatoid Arthritis	G	1 QL
LETAIRIS	TABLET	Pulmonary Hypertension	B	2 QL
LEVEMIR	PEN/CARTRIDGE	Diabetes/Endocrine - Insulin	B	3
LEVEMIR	VIAL	Diabetes/Endocrine - Insulin	B	2
LEVETIRACETAM	TABLET	Seizure Disorders	G	1
LEVOCETIRIZINE	TABLET	Oral Allergies	G	1 QL
LEVOFLOXACIN	TABLET	Antibiotics	G	1
LEVORA-28	TABLET	Women's Health - Contraceptives	G	1
LEVOTHROID	TABLET	Metabolic/Endocrine	B	3
LEVOTHYROXINE	TABLET	Metabolic/Endocrine	G	1
LEVOXYL	TABLET	Metabolic/Endocrine	G	1
LEXAPRO	TABLET	Depression	M	3 QL 1/2T
LIALDA	DELAYED RELEASE TABLET	Gastrointestinal Agents	B	3 QL
LIDOCAINE	SOLUTION	Misc Therapeutic Agents	G	1
LIDODERM	PATCH	Dermatology	B	2 QL
LIOTHYRONINE	TABLET	Metabolic/Endocrine	G	1
LIPITOR	TABLET	High Cholesterol	M	3 QL 1/2T
LIPOFEN	CAPSULE	High Cholesterol	B	2 QL
LISINOPRIL	TABLET	High Blood Pressure	G	1
LISINOPRIL/HCTZ	TABLET	High Blood Pressure	G	1
LITHIUM CARBONATE	CONTROLLED RELEASE TABLET/CAPSULE	Central Nervous System Agents	G	1
LOESTRIN 24	TABLET	Women's Health - Contraceptives	B	3

**\*\*Pharmacy programs (QL, ST, and PA) may or may not apply to your pharmacy plan.  
Please check your pharmacy plan details for more specific information.**



## TOP 500 MEDICATIONS

DRUG NAME	DOSAGE FORM(S)	COMMON USE	TYPE	TIER
LORAZEPAM	TABLET	Central Nervous System Agents	G	1
LOSARTAN	TABLET	High Blood Pressure	G	1 QL 1/2T
LOSARTAN/HCTZ	TABLET	High Blood Pressure	G	1 QL
LOTEMAX	SUSPENSION	Eye Condition	B	3 QL
LOTREL	CAPSULE	High Blood Pressure	B	3 QL
LOVASTATIN	TABLET	High Cholesterol	G	1
LOVAZA	CAPSULE	High Cholesterol	B	2 QL
LOW-OGESTREL	TABLET	Women's Health - Contraceptives	G	1
LUMIGAN	SOLUTION	Eye Condition - Glaucoma	B	2 QL
LUNESTA	TABLET	Sedatives/Hypnotics	B	2 QL
LUTERA	TABLET	Women's Health - Contraceptives	G	1
LYRICA	CAPSULE	Seizure Disorders	B	2 QL
MAXALT, MAXALT-MLT	TABLET	Central Nervous System - Migraine	B	2 QL
MEDROXY- PROGESTERONE AC	TABLET	Women's Health - Estrogen / Progesterone	G	1
MELOXICAM	TABLET	Musculoskeletal - Pain Relief	G	1 QL
MEPHYTON	TABLET	Vitamins/Minerals/Electrolytes	B	2
METAXALONE	TABLET	Musculoskeletal - Pain Relief	G	1
METFORMIN	TABLET, 24-HOUR TABLET	Metabolic/Endocrine	G	1
METHADONE	TABLET	Musculoskeletal - Pain Relief	G	1
METHIMAZOLE	TABLET	Metabolic/Endocrine	G	1
METHITEST	TABLET	Metabolic/Endocrine	B	2
METHOCARBAMOL	TABLET	Musculoskeletal - Pain Relief	G	1
METHOTREXATE	TABLET	Oncology	G	1
METHYLPHENIDATE	CONTROLLED RELEASE TABLET SR	Attention Deficit Disorder	G	1 AE QL
METHYLPHENIDATE	TABLET	Attention Deficit Disorder	G	1 AE QL
METHYLPREDNISONE	PACK, TABLET	Metabolic/Endocrine	G	1
METOCLOPRAMIDE	TABLET	Gastrointestinal Agents	G	1 QL
METOLAZONE	TABLET	High Blood Pressure	G	1
METOPROLOL	TABLET, 24-HOUR TABLET	High Blood Pressure	G	1
METROGEL	GEL	Dermatology	B	2

**\*\*Pharmacy programs (QL, ST, and PA) may or may not apply to your pharmacy plan.  
Please check your pharmacy plan details for more specific information.**



DRUG NAME	DOSAGE FORM(S)	COMMON USE	TYPE	TIER
METRONIDAZOLE	TABLET	Antifungals	G	1
METRONIDAZOLE	GEL	Antifungals	G	1
MICARDIS	TABLET	High Blood Pressure	B	2 ST QL
MICARDIS HCT	TABLET	High Blood Pressure	B	2 ST QL
MICROGESTIN	TABLET	Women's Health - Contraceptives	G	1
MINOCYCLINE	CAPSULE	Antibiotics	G	1
MIRTAZAPINE	TABLET	Depression	G	1
MOEXA	SOLUTION	Antibiotics	B	2 QL
MOMETASONE	CREAM	Dermatology	G	1
MONONESSA	TABLET	Women's Health - Contraceptives	G	1
MORPHINE SULFATE	TABLET	Musculoskeletal - Pain Relief	G	1
MORPHINE SULFATE	12-HOUR TABLET	Musculoskeletal - Pain Relief	G	1 QL
MOVIPREP	SOLUTION	Gastrointestinal Agents	B	3
MOXEZA	SOLUTION	Antibiotics	B	2 QL
MUPIROCIN	OINTMENT	Dermatology	G	1 QL
MYCOBUTIN	CAPSULE	Antibiotics	B	2 QL
MYCOPHENOLATE	TABLET	Misc Therapeutic Agents	G	1
NABUMETONE	TABLET	Musculoskeletal - Pain Relief	G	1 QL
NADOLOL	TABLET	High Blood Pressure	G	1
NAMENDA	TABLET	Central Nervous System Agents	B	3 QL
NAPROXEN	TABLET	Musculoskeletal - Pain Relief	G	1 QL
NASACORT AQ	AEROSOL	Nasal Allergies	B	3 QL
NASONEX	NASAL SUSPENSION	Nasal Allergies	B	2 QL
NATAZIA	TABLET	Women's Health - Contraceptives	B	2
NEBUPENT	SOLUTION	Antibiotics	B	2 QL
NECON	TABLET	Women's Health - Contraceptives	G	1
NECON 7/7/7	TABLET	Women's Health - Contraceptives	G	1
NEOMYCIN/POLYMYXIN/ HC	SUSPENSION, SOLUTION	Eye Condition - Antibiotic	G	1
NEORAL	CAPSULE	Transplant	M	2
NEXIUM	DELAYED RELEASE CAPSULE	Gastrointestinal - Acid Suppression	B	2 QL

**\*\*Pharmacy programs (QL, ST, and PA) may or may not apply to your pharmacy plan.  
Please check your pharmacy plan details for more specific information.**



## TOP 500 MEDICATIONS

DRUG NAME	DOSAGE FORM(S)	COMMON USE	TYPE	TIER
NIASPAN	CONTROLLED RELEASE TABLET	High Cholesterol	B	2 QL
NIFEDIAC CC	24-HOUR TABLET	High Blood Pressure	G	1
NIFEDICAL XL	24-HOUR TABLET	High Blood Pressure	G	1
NIFEDIPINE	24-HOUR TABLET	High Blood Pressure	G	1
NITROBID	OINTMENT	Cardiovascular Agents	B	2
NITROFURANTOIN	CAPSULE	Antibiotics	G	1
NITROSTAT	SUBLINGUAL TABLET	Cardiovascular Agents	B	2
NORTREL (28)	TABLET	Women's Health - Contraceptives	G	1
NORTRIPTYLINE	CAPSULE	Depression	G	1
NOVOFINE	NEEDLES	Diabetic Supplies	B	2
NOVOLOG	PEN/CARTRIDGE	Diabetes/Endocrine - Insulin	B	3
NOVOLOG MIX	PEN/CARTRIDGE	Diabetes/Endocrine - Insulin	B	3
NOVOLOG, NOVOLOG MIX	VIAL	Diabetes/Endocrine - Insulin	B	2
NULTYELY	POWDER	Gastrointestinal Agents	B	2
NUVARING	RING	Women's Health - Contraceptives	B	2
NUVIGIL	TABLET	Central Nervous System Agents	B	3 PA QL
NYSTATIN	SUSPENSION	Misc Therapeutic Agents	G	1
NYSTATIN	CREAM	Dermatology	G	1
NYSTATIN/ TRIAMCINOLONE	CREAM	Dermatology	G	1
OCELLA	TABLET	Women's Health - Contraceptives	G	1
OFLOXACIN	SOLUTION	Eye Condition - Antibiotic	G	1
OMEPRAZOLE	DELAYED RELEASE CAPSULE	Gastrointestinal - Acid Suppression	G	1 QL
OMNARIS	NASAL SUSPENSION	Nasal Allergies	B	3 QL
ONDANSETRON	TABLET, ODT	Gastrointestinal - Nausea / Vomiting	G	1 QL
ONETOUCH	TEST STRIPS	Diabetic Supplies	B	3 PA QL
ONETOUCH	LANCETS	Diabetic Supplies	B	2
ONGLYZA	TABLET	Diabetes/Endocrine - Non-Insulin	B	2 ST QL
OPANA ER	12-HOUR TABLET	Musculoskeletal - Pain Relief	M	3 QL
ORACEA	DELAYED RELEASE CAPSULE	Dermatology	B	3 QL

**\*\*Pharmacy programs (QL, ST, and PA) may or may not apply to your pharmacy plan.  
Please check your pharmacy plan details for more specific information.**





DRUG NAME	DOSAGE FORM(S)	COMMON USE	TYPE	TIER
ORAMORPH SR	TABLET	Musculoskeletal - Pain Relief	M	2 QL
ORPHENADRINE	12-HOUR TABLET	Musculoskeletal - Pain Relief	B	2
ORTHO EVRA	WEEKLY PATCH	Women's Health - Contraceptives	B	3 QL
ORTHO TRI-CYCLEN	TABLET	Women's Health - Contraceptives	B	3
OXCARBAZEPINE	TABLET	Seizure Disorders	G	1
OXYBUTYNIN	TABLET, 24-HOUR TABLET	Overactive Bladder	G	1
OXYCODONE	TABLET	Musculoskeletal - Pain Relief	G	1
OXYCODONE/APAP	TABLET	Musculoskeletal - Pain Relief	G	1 QL
OXYCONTIN	12-HOUR TABLET	Musculoskeletal - Pain Relief	B	2 QL
OXYTROL	PATCH	Overactive Bladder	B	2 QL
PANTOPRAZOLE	DELAYED RELEASE TABLET	Gastrointestinal - Acid Suppression	G	1 QL
PAROXETINE, ER	TABLET, 24-HOUR TABLET	Depression	G	1 QL
PATADAY	SOLUTION	Eye Condition - Allergy	B	3 QL
PATANASE	NASAL SOLUTION	Nasal Allergies	B	3 QL
PATANOL	SOLUTION	Eye Condition - Allergy	B	3 QL
PEG-3350/KCL	SOLUTION	Gastrointestinal Agents	G	1
PENICILLIN VK	TABLET	Antibiotics	G	1
PHENAZOPYRIDINE	TABLET	Genitourinary	G	1
PHENYTOIN EX	CAPSULE	Seizure Disorders	G	1
PIROXICAM	CAPSULE	Musculoskeletal - Pain Relief	G	1 QL
PLAVIX	300 TABLET	Blood Modifiers	B	3 QL
PLAVIX	TABLET	Blood Modifiers	B	2 QL
POLYETHYLENE GLYCOL	POWDER	Gastrointestinal Agents	G	1
PORTIA-28	TABLET	Women's Health - Contraceptives	G	1
POTASSIUM CHLORIDE, MICRO, CITRATE	CONTROLLED RELEASE CAPSULE, TABLET	Vitamins/Minerals/Electrolytes	G	1
PRADAXA	CAPSULE	Blood Modifiers	B	2 PA QL
PRAMIPEXOLE	TABLET	Seizure Disorders	G	1
PRANDIMET	TABLET	Diabetes/Endocrine - Non-Insulin	B	2 ST QL
PRANDIN	TABLET	Diabetes/Endocrine - Non-Insulin	B	2 ST QL
PRAVASTATIN	TABLET	High Cholesterol	G	1 1/2T

**\*\*Pharmacy programs (QL, ST, and PA) may or may not apply to your pharmacy plan.  
Please check your pharmacy plan details for more specific information.**



## TOP 500 MEDICATIONS

DRUG NAME	DOSAGE FORM(S)	COMMON USE	TYPE	TIER
PREDNISOLONE	SUSPENSION	Oral Allergies	G	1
PREDNISOLONE	SOLUTION, SYRUP	Metabolic/Endocrine	G	1
PREDNISONE	TABLET	Metabolic/Endocrine	G	1
PREMARIN	TABLET	Women's Health - Contraceptives	B	2 QL
PREMARIN VAGINAL	CREAM	Women's Health - Estrogen / Progesterone	B	2
PREMPHASE	TABLET	Women's Health - Estrogen / Progesterone	B	2 QL
PREMPRO	TABLET	Women's Health - Contraceptives	B	2 QL
PRENATE	CAPSULE	Vitamins/Minerals/Electrolytes	B	2
PRIMIDONE	TABLET	Seizure Disorders	G	1
PRISTIQ	24-HOUR TABLET	Depression	B	2 QL
PROAIR HFA	AEROSOL	Asthma/COPD	B	2 QL
PROCHLORPERAZINE	TABLET	Gastrointestinal - Nausea / Vomiting	G	1
PROGRAF	CAPSULE	Misc Therapeutic Agents	B	3
PROMETHAZINE	TABLET, SYRUP	Oral Allergies	G	1
PROMETHAZINE/CODEINE	SYRUP	Respiratory Agents	G	1
PROMETRIUM	CAPSULE	Women's Health - Contraceptives	M	3
PROPRANOLOL	TABLET	High Blood Pressure	G	1
PROPRANOLOL	24-HOUR CAPSULE	High Blood Pressure	G	1
PROTOPIC	CREAM	Dermatology	B	2 ST QL
PROVENTIL	AEROSOL	Asthma/COPD	B	3 QL
PROVIGIL	TABLET	Central Nervous System Agents	M	3 PA QL
PULMICORT	AEROSOL	Asthma/COPD	B	2 QL
QUETIAPINE	TABLET	Central Nervous System Agents	G	1 QL
QUINAPRIL	TABLET	High Blood Pressure	G	1
QUINAPRIL/HCTZ	TABLET	High Blood Pressure	G	1
QVAR	AEROSOL	Asthma/COPD	B	2 QL
RAMIPRIL	CAPSULE	High Blood Pressure	G	1 QL
RANITIDINE	SYRUP	Gastrointestinal - Acid Suppression	G	1
RECLIPSEN	TABLET	Women's Health - Contraceptives	G	1
RELION MICRO/CONFIRM	TEST STRIPS	Diabetic Supplies	B	3 PA QL

**\*\*Pharmacy programs (QL, ST, and PA) may or may not apply to your pharmacy plan.  
Please check your pharmacy plan details for more specific information.**



DRUG NAME	DOSAGE FORM(S)	COMMON USE	TYPE	TIER
RELPAX	TABLET	Central Nervous System - Migraine	B	3 QL
REVELA	PACK, TABLET	Misc Therapeutic Agents		
RESTASIS	EMULSION	Eye Condition	B	3 PA QL
RETIN-A MICRO	GEL	Dermatology	B	2 AE QL
RHINOCORT	NASAL SUSPENSION	Nasal Allergies	B	3 QL
RISPERIDONE	TABLET	Central Nervous System Agents	G	1 QL
ROPINIROLE	TABLET	Central Nervous System Agents	G	1
ROXICET	TABLET	Musculoskeletal - Pain Relief	G	1 QL
SEROQUEL XR	24-HOUR TABLET	Central Nervous System Agents	B	2 QL
SERTRALINE	TABLET	Depression	G	1 1/2 T
SILDEC PE-DM	SYRUP	Respiratory Agents	B	1
SIMCOR	24-HOUR TABLET	High Cholesterol	B	2 ST QL
SIMVASTATIN 80 MG	TABLET	High Cholesterol	G	1 PA QL
SINGULAIR	TABLET, CHEWABLE	Oral Allergies	B	2 ST AE QL
SOLODYN	24-HOUR TABLET	Antibiotics	B	3 QL
SOTALOL HCL	TABLET	High Blood Pressure	G	1
SPIRIVA	AEROSOL	Asthma/COPD	B	2 QL
SPIRONOLACTONE	TABLET	High Blood Pressure	G	1
SPRINTEC 28	TABLET	Women's Health - Contraceptives	G	1
STRATTERA	CAPSULE	Attention Deficit Disorder	B	3 ST AE QL
SUBOXONE	FILM	Musculoskeletal - Pain Relief	B	2 PA QL
SUBOXONE	SUBLINGUAL	Musculoskeletal - Pain Relief	B	3 PA QL
SUCRALFATE	TABLET	Gastrointestinal - Acid Suppression	G	1
SULFAMETHOXAZOLE/ TRIMETHOPRIM DS	TABLET/SUSPENSION	Antibiotics	G	1
SULINDAC	TABLET	Musculoskeletal - Pain Relief	G	1 QL
SUMATRIPTAN	TABLET	Central Nervous System - Migraine	G	1 QL
SYMBICORT	AEROSOL	Asthma/COPD	B	2 QL
SYNAREL	AEROSOL	Asthma/COPD	B	2 QL
SYNTHROID	TABLET	Metabolic/Endocrine	B	2
TACROLIMUS	CAPSULE	Misc Therapeutic Agents	G	1
TAMIFLU	CAPSULE, SUSPENSION	Antivirals	B	3 QL

**\*\*Pharmacy programs (QL, ST, and PA) may or may not apply to your pharmacy plan.  
Please check your pharmacy plan details for more specific information.**



## TOP 500 MEDICATIONS

DRUG NAME	DOSAGE FORM(S)	COMMON USE	TYPE	TIER
TAMOXIFEN	TABLET	Oncology	G	1
TAMSULOSIN	CAPSULE	Men's Health - Prostate	G	1 QL
TAZORAC	CREAM	Dermatology	B	2 QL
TEGRETOL	SUSPENSION	Seizure Disorders	B	2 QL
TEGRETOL XR	TABLET	Seizure Disorders	B	2 QL
TEKURNA	TABLET	High Blood Pressure	B	2 ST QL
TEMAZEPAM	CAPSULE	Sedatives/Hypnotics	G	1
TERAZOSIN	CAPSULE	Men's Health - Prostate	G	1
TERBINAFINE	TABLET	Antifungals	G	1
TERCONAZOLE	CREAM	Genitourinary	G	1 QL
TESTIM	GEL	Metabolic/Endocrine	B	3 PA QL
TESTOSTOSTERONE CYPIONATE	INJECTION	Metabolic/Endocrine	G	1
TETRACYCLINE	CAPSULE	Antibiotics	G	1
THEOPHYLLINE	12-HOUR TABLET	Asthma/COPD	G	1
TIMOLOL MALEATE	SOLUTION	Eye Condition - Glaucoma	G	1
TIZANIDINE	TABLET	Musculoskeletal - Pain Relief	G	1
TOBRAMYCIN	SOLUTION	Eye Condition - Antibiotic	G	1
TOBRAMYCIN/ DEXAMETHASONE	SUSPENSION	Eye Condition - Antibiotic	G	1
TOPIRAMATE	TABLET	Seizure Disorders	G	1
TOPROL XL	24-HOUR TABLET	High Blood Pressure	B	3
TORSEMIDE	TABLET	High Blood Pressure	G	1
TRACLEER	TABLET	Pulmonary Hypertension	B	2 PA QL
TRAMADOL HCL	TABLET	Musculoskeletal - Pain Relief	G	1 QL
TRAMADOL/APAP	TABLET	Musculoskeletal - Pain Relief	G	1 QL
TRANSDERM-SC	72-HOUR PATCH	Gastrointestinal - Nausea / Vomiting	B	3
TRAVATAN Z	SOLUTION	Eye Condition - Antibiotic	B	2 QL
TRAZODONE	TABLET	Depression	G	1
TRETINOIN	CREAM	Dermatology	G	1 AE QL
TRIAMCINOLONE	CREAM, OINTMENT	Dermatology	G	1
TRIAMTERENE/HCTZ	CAPSULE	High Blood Pressure	G	1

**\*\*Pharmacy programs (QL, ST, and PA) may or may not apply to your pharmacy plan.  
Please check your pharmacy plan details for more specific information.**



DRUG NAME	DOSAGE FORM(S)	COMMON USE	TYPE	TIER
TRIAZOLAM	TABLET	Sedatives/Hypnotics	G	1
TRICOR	TABLET	High Cholesterol	B	2 QL
TRILIPIX	DELAYED RELEASE CAPSULE	High Cholesterol	B	2 QL
TRINESSA	TABLET	Women's Health - Contraceptives	G	1
TRI-PREVIFEM	TABLET	Women's Health - Contraceptives	G	1
TRI-SPRINTEC	TABLET	Women's Health - Contraceptives	G	1
TRIVORA-28	TABLET	Women's Health - Contraceptives	G	1
TRUVADA	TABLET	Antivirals	B	2
ULORIC	TABLET	Metabolic/Endocrine	B	2 ST QL
VAGIFEM	TABLET	Women's Health - Estrogen / Progesterone	B	2
VALACYCLOVIR	TABLET	Antivirals	G	1 QL
VECTICAL	OINTMENT	Dermatology	M	2 QL
VENLAFAXINE	24-HOUR CAPSULE, TABLET	Depression	G	1 QL
VENTOLIN HFA	AEROSOL	Asthma/COPD	B	3 QL
VERAMYST	NASAL SUSPENSION	Nasal Allergies	B	2 QL
VERAPAMIL	CONTROLLED RELEASE TABLET, CAPSULE, TABLET	High Blood Pressure	G	1
VESICARE	TABLET	Overactive Bladder	B	2 QL
VICTOZA	PEN	Diabetes/Endocrine - Non-Insulin	B	3 ST QL
VIGAMOX	SOLUTION	Eye Condition - Antibiotic	B	2 QL
VIMOVO	TABLET	Gastrointestinal - Acid Suppression	B	2 QL
VITAMIN D	CAPSULE	Vitamins/Minerals/Electrolytes	G	1
VIVELLE-DOT	BIWEEKLY PATCH	Women's Health - Estrogen / Progesterone	M	2 QL
VOLTAREN	GEL	Dermatology	B	3 QL
VYTORIN	TABLET	High Cholesterol	B	2 QL
VYTORIN 10-80MG	TABLET	High Cholesterol	B	2 PA QL
VYVANSE	CAPSULE	Attention Deficit Disorder	B	2 AE QL
WARFARIN	TABLET	Blood Modifiers	G	1
WELCHOL	TABLET	High Cholesterol	B	2 QL
WELLBUTRIN	24-HOUR TABLET	Depression	B	3 QL

**\*\*Pharmacy programs (QL, ST, and PA) may or may not apply to your pharmacy plan.  
Please check your pharmacy plan details for more specific information.**





## TOP 500 MEDICATIONS

DRUG NAME	DOSAGE FORM(S)	COMMON USE	TYPE	TIER
XARELTO	TABLET	Blood Modifiers	B	2 PA QL
XOPENEX	NEBULIZATION SOLUTION	Asthma/COPD	B	2
XOPENEX HFA	AEROSOL	Asthma/COPD	B	2 QL
YASMIN 28	TABLET	Women's Health - Contraceptives	B	2
YAZ	TABLET	Women's Health - Contraceptives	B	2
ZALEPLON	CAPSULE	Sedatives/Hypnotics	G	1 QL
ZARAH	TABLET	Women's Health - Contraceptives	G	1
ZENPEP	CAPSULE	Gastrointestinal Agents	B	2
ZETIA	TABLET	High Cholesterol	B	3 QL
ZOLPIDEM ER	TABLET, CONTROLLED RELEASE TABLET	Sedatives/Hypnotics	G	1 QL
ZOMIG	TABLET	Central Nervous System - Migraine	B	2 QL
ZONISAMIDE	CAPSULE	Seizure Disorders	G	1
ZOVIA 1/35E	TABLET	Women's Health - Contraceptives	G	1
ZOVIRAX	OINTMENT	Dermatology	B	2
ZYMAXID	SOLUTION	Eye Condition - Antibiotic	B	3 QL
ZYPREXA	TABLET	Central Nervous System Agents	M	2 QL

**\*\*Pharmacy programs (QL, ST, and PA) may or may not apply to your pharmacy plan.  
Please check your pharmacy plan details for more specific information.**



# Specialty Medications

## What are Specialty Medications?

Specialty medications\* are high-cost products used to treat rare, complex conditions. They come in infused, inhaled, injectable and oral forms. These medications are critical to improving the lives of individuals with unique conditions. These are specialty drugs that can be self administered and do not require treatment in a physician's office or outpatient clinic.

Anemia, cancer, hepatitis and HIV/AIDS are some common conditions treated with specialty medications.

## What pharmacy benefit coverage do I have with my specialty pharmacy benefit?

Depending on your plan design, you may be required to use OptumRx™ Specialty Pharmacy as your designated specialty pharmacy provider. OptumRx Specialty Pharmacy supports members who are taking these more complex specialty drugs. The specialty pharmacy is beneficial because it has experience in storing, handling and distributing these unique medications as well as providing a higher level of customized care. If you take specialty medications, your pharmacy benefit may allow you to fill your specialty medications at a retail pharmacy one time before requiring you to use OptumRx Specialty Pharmacy. With this benefit, you will receive a reminder notice when filling your specialty medication at a retail pharmacy. Check your plan documents to determine if this requirement applies to you.

## How often can I get my specialty medication filled through OptumRx Specialty Pharmacy?

With OptumRx Specialty Pharmacy as your designated specialty pharmacy provider, you may receive up to a 31 days supply of specialty medication. Due to the sensitive nature of the diseases treated with specialty medications, they offer safe, accurate dispensing and the convenience of timely home delivery. Medications are delivered in confidential, temperature-sensitive packaging. Plus, they'll ship specialty medications at no additional charge to any location within the United States and its territories. OptumRx Specialty Pharmacy will call you each month, approximately one week prior to your next fill date to coordinate the next delivery and answers any questions you may have regarding these complex medications.

## How can I get my specialty medication filled through OptumRx?

Getting your specialty medication filled through OptumRx Specialty Pharmacy is easy. Call the Customer Care number on your health plan ID card and a representative will assist you. They simply need to get a prescription from your doctor. They'll work with you to get your prescriptions filled, schedule delivery, and support ongoing medication needs. You will not be able to refill your specialty medications online through [myuhc.com](https://myuhc.com).

\*These programs may not apply to all plans. Please check your plan documents for specific coverage information.



DRUG NAME	DOSAGE FORM(S)	TIER**
Anemia		
ARANESP	SYRINGE, VIAL	2 PA
EPOGEN	VIAL	2 PA
PROCRIT	VIAL	2 PA
Cystic Fibrosis		
PULMOZYME	SOLUTION	3 QL
TOBI	AMPULE - NEBULIZER	3
Endocrine		
ACTHAR H.P.	INJECTION	3 PA
DEGARELIX	SOLR	3
KUVAN	TABLET	3 PA
SAMSCA	TABLET	3 QL
SANDOSTATIN	AMPULE, VIAL	1
SENSIPAR	TABLET	3
SOMATULINE DEPOT	SYRINGE	3
SOMAVERT	VIAL	3 QL
ZEMPLAR	CAPSULE	2
Growth Hormone — Severe Primary IGF def		
INCRELEX	VIAL	2 PA
Growth Hormone — Short Bowel Syndrome		
ZORBTIVE	VIAL	3 PA QL
Growth Hormone Deficiency		
GEREF	VIAL	3
IPLEX	VIAL	3
NUTROPIN, NUTROPIN AQ	VIAL, CARTRIDGE, PEN	2 PA QL
SAIZEN	CARTRIDGE, VIAL	2 PA QL
TEV-TROPIN	VIAL	2 PA QL
Growth Hormone Deficiency (AIDS Wasting)		
SEROSTIM	VIAL	3 PA QL
Hematologic		
MOZOBIL	VIAL	3 PA
PROMACTA	TABLET	3 PA
Hepatitis C		
COPEGUS (RIBAVIRIN)	TABLET	1 PA
INCIVEK	TABLET	3 PA QL
INFERGEN	SYRINGE, VIAL	3 PA QL
INTRON A	SYRINGE, VIAL, KIT	3 PA
PEGASYS	KIT, VIAL	2 PA
PEGINTRON, PEGINTRON REDIPEN	KIT, PEN	3 PA
REBETOL (RIBAVIRIN)	CAPSULE, SOLUTION	1 PA
RIBAPAK	TABLET	3 PA
RIBASPHERE	CAPSULE, TABLET	1 PA

**\*\*Pharmacy programs (QL, ST, and PA) may or may not apply to your pharmacy plan.  
Please check your pharmacy plan details for more specific information.**

QL = Quantity Limit, PA = Prior Authorization Required



DRUG NAME	DOSAGE FORM(S)	TIER**
RIBATAB	TABLET	1 PA
RIBAVIRIN	CAPSULE, POWDER, TABLET	1 PA
ROFERON-A	KIT, VIAL	2 PA
VICTRELIS	CAPSULE	3 PA QL
HEP-B		
BARACLUDE	TABLET, SOLUTION	3 QL
EPIVIR HBV	TABLET, SOLUTION	2
HEPSERA	TABLET	3
TYZEKA	TABLET	3 QL
HIV/AIDS		
AGENERASE	CAPSULE, SOLUTION	2
APTIVUS	CAPSULE, SOLUTION	2
ATRIPLA	TABLET	2
COMBIVIR	TABLET	3
COMPLERA	TABLET	2
CRIXIVAN	CAPSULE	2
DIDANOSINE	CAPSULE DR	1
EDURANT	TABLET	2
EMTRIVA	CAPSULE, SOLUTION	2
EPIVIR	TABLET, SOLUTION	3
EPZICOM	TABLET	2
FUZEON	KIT	2 QL PA
INTELENCE	TABLET	2
INVIRASE	CAPSULE, TABLET	2
ISENTRESS	TABLET	2
KALETRA	CAPSULE, TABLET, SOLUTION	2
LAMIVUDINE	TABLET	1
LAMIVUDINE/ZIDOVUDINE	TABLET	1
LEXIVA	ORAL SUSP, TABLET	2
NORVIR	CAPSULE, SOLUTION	2
PREZISTA	TABLET	2
RESCRIPTOR	TABLET	2
RETROVIR	CAPSULE, SYRUP, TABLET	3
REYATAZ	CAPSULE	2
SELZENTRY	TABLET	2
STAVUDINE	CAPSULE, SOLUTION	1
SUSTIVA	CAPSULE, TABLET	2
TRIZIVIR	TABLET	2
TRUVADA	TABLET	2
VIDEX	PACKET, SOLUTION, TABLET	2
VIDEX EC	CAPSULE DR	3

**\*\*Pharmacy programs (QL, ST, and PA) may or may not apply to your pharmacy plan.  
Please check your pharmacy plan details for more specific information.**

QL = Quantity Limit, PA = Prior Authorization Required



DRUG NAME	DOSAGE FORM(S)	TIER**
VIRACEPT	POWDER, TABLET	2
VIRAMUNE	ORAL SUSP, TABLET	2
VIRAMUNE XR	TABLET 24-HOUR	2
VIREAD	TABLET	2
ZERIT	CAPSULE, SOLUTION	3
ZIAGEN	TABLET, SOLUTION	2
ZIDOVUDINE	CAPSULE, TABLET, SYRUP	1
Immune Modulator		
ACTIMMUNE	VIAL	2
Iron Overload		
EXJADE	TABLET	3
Multiple Sclerosis		
AVONEX	KIT	2 QL
AMPYRA	TABLET	3 PA
BETASERON	VIAL	3 PA QL
COPAXONE	KIT	2 QL
GILENYA	CAPSULE	3 PA QL
REBIF	DISP SYRINGE	2QL
Neutropenia		
LEUKINE	VIAL	2
NEULASTA	DISP SYRINGE	3
NEUPOGEN	SYRINGE, VIAL	2
Oncology		
AFINITOR	TABLET	3 PA
CAPRELSA/VANDETANIB	TABLET	3 PA QL
GLEEVEC	CAPSULE, TABLET	2 PA
HYCAMTIN	CAPSULE	3 QL
NEXAVAR	TABLET	3 PA
OCTREOTIDE ACETATE	TAB	1
REVLIMID	CAPSULE	3 PA
SPRYCEL	TABLET	3 PA
SUTENT	CAPSULE	3 PA
SYLATRON	VIAL	3 PA
TARCEVA	TABLET	3 PA
TASIGNA	CAPSULE	3 PA
TEMODAR	CAPSULE	2
THALOMID	CAPSULE	3 PA
TRETINOIN	CAPSULE	2

**\*\*Pharmacy programs (QL, ST, and PA) may or may not apply to your pharmacy plan.  
Please check your pharmacy plan details for more specific information.**

QL = Quantity Limit, PA = Prior Authorization Required





DRUG NAME	DOSAGE FORM(S)	TIER**
TYKERB	TABLET	2
VESANOID	ORAL	3 QL
VOTRIENT	TAB	3 PA
XELODA	TABLET	2
ZOLINZA	TABLET	3 PA
ZYTIGA	TABLET	3 PA
Osteoporosis		
FORTEO	SYRINGE, PEN INJECTOR	2 QL
Parkinson's Disease		
APOKYN	CARTRIDGE	2
Psoriasis		
STELARA	SYRINGE	2 PA QL
Rheumatoid Arthritis		
CIMZIA	VIAL	2 PA QL
ENBREL	SYRINGE, KIT, SOLUTION	2 PA QL
HUMIRA	KIT, SYRINGE	2 PA QL
KINERET	DISP SYRINGE	3 PA QL
SIMPONI	SYRINGE, PEN INJECTOR	2 PA QL
Thrombocytopenia Prevention		
NEUMEGA	VIAL	3 PA
Transplant		
CELLCEPT	CAPSULE, TABLET, SUSPENSION, VIAL	2
CYCLOSPORINE	CAPSULE, SOLUTION	1
GENGRAF	CAPSULE, SOLUTION	1
MYCOPHENOLATE MOFETIL	CAPSULE, TABLET	1
MYFORTIC	TABLET DR	3
NEORAL	CAPSULE, SOLUTION	1
PROGRAF	CAPSULE	3
RAPAMUNE	TABLET, SOLUTION	3
SANDIMMUNE	CAPSULE, SOLUTION	3
TACROLIMUS	POWDER	3

**\*\*Pharmacy programs (QL, ST, and PA) may or may not apply to your pharmacy plan.  
Please check your pharmacy plan details for more specific information.**

QL = Quantity Limit, PA = Prior Authorization Required



DRUG NAME	DOSAGE FORM(S)	COMMON USE	TYPE	ALTERNATIVE(S)
ABSTRAL	TABLET SUBLINGUAL	Pain Management	B	Fentanyl
ACIPHEX	TABLET	Gastrointestinal Disease	B	Omeprazole, Lansoprazole, Pantoprazole, Nexium, Dexilant
ACTOPLUS MET XR	TABLET	Diabetes	B	ActoPlus Met Regular Release
ALLEGRA	TABLET	Allergy	M	Fexofenadine
ALLEGRA ODT	TABLET DISPERSIBLE	Allergy	B	OTC Equivalents
ALLEGRA-D	TABLET SR 12/24 HR	Allergy	B	OTC Equivalents
AMTURNIDE	TABLET	Heart Disease	B	Amlodipine, HCTZ, Tekturna
AXIRON	SOLUTION	Hormone Replacement - Androgens	B	Androgel, Androderm, Testim
BUPROPION <sup>†</sup> (SMOKING DETERRENT)	12-HOUR TABLET	Smoking Cessation	G	May be covered by some plans
CHANTIX <sup>†</sup>	TABLET	Smoking Cessation	B	May be covered by some plans
CIMETIDINE 200 MG	TABLET	Gastrointestinal Disease	G	Available OTC
CLARINEX	TABLET, SYRUP, RDT	Allergy	B	Available OTC
CLARINEX-D	TABLET	Allergy	B	Available OTC
DEPLIN 7.5 MG	TABLET	Vitamins/Minerals/ Electrolytes	M	
EDARBI	TABLET	Heart Disease	B	Losartan, Diovan, Tekturna
EXTAVIA	INJECTION	Multiple Sclerosis	B	Betaseron
FAMOTIDINE	TABLET	Gastrointestinal Disease	G	Available OTC
FOLIC ACID, B-6, B-12	TABLET	Vitamins/Minerals/ Electrolytes	G	Available OTC
GENOTROPIN	INJECTION	Growth Regulators	B	Nutropin, Saizen, Tev-Tropin
GRALISE	TABLET	Nervous System Disease	B	Gabapentin
HUMATROPE	INJECTION	Growth Regulators	B	Nutropin, Saizen, Tev-Tropin
KOMBIGLYZE	TABLET	Diabetes	B	Metformin, Januvia
L-METHYLFOLATE 7.5 MG	TABLET	Vitamins/Minerals/ Electrolytes	G	Available OTC
LOPERAMIDE	CAPSULE, CONVENTIONAL	Gastrointestinal Disease	G	Available OTC
MECLIZINE	TABLET	Nausea / Vomiting	G	Available OTC
MICONAZOLE	CREAM, SUPPOSITORY, KIT	Genitourinary	G	Available OTC
MONISTAT	CREAM, SUPPOSITORY, KIT	Genitourinary	M	Available OTC
NEXICLON XR	TABLET, SUSPENSION	Nervous System Disease	B	Clonidine

\* Brand new drugs will be excluded at launch until our National Pharmacy & Therapeutics Committee has reviewed the new product and the Business Implementation committee has determined tiering or permanent exclusion status.

† Smoking cessation may be covered if enrolled in Empower Coaching Plan



## EXCLUDED DRUGS\*

DRUG NAME	DOSAGE FORM(S)	COMMON USE	TYPE	ALTERNATIVE(S)
NORDITROPIN	INJECTION	Growth Regulators	B	Nutropin, Saizen, Tev-Tropin
NUCYNTA ER	TABLET	Pain Management	B	Hydrocodone, Morphine
OLEPTRO	TABLET	Nervous System Disease	B	Trazodone
OMEPRAZOLE / SODIUM BICARBONATE	CAPSULE	Gastrointestinal Disease	G	Omeprazole, Lansoprazole, Pantoprazole, Nexium, Dexilant
OMNITROPE	INJECTION	Growth Regulators	B	Nutropin, Saizen, Tev-Tropin
ORAVIG	TROCHE	Mouth/Throat/Dental	B	
OSCION	PAD, LOTION	Skin Disease	G	OTC Equivalent
OXSORALEN	LOTION	Skin Disease	B	
PANCREAZE	CAPSULES	Digestive Aids	B	Creon
PENNSAID 1%	SOLUTION	Inflammation	B	Voltaren Gel, Solaraze
PREVACID	SOLUTAB, SUSPENSION, CAPSULE	Gastrointestinal Disease	B	Omeprazole, Lansoprazole, Pantoprazole, Nexium, Dexilant
PRILOSEC	CAPSULE	Gastrointestinal Disease	M	Omeprazole, Lansoprazole, Pantoprazole, Nexium, Dexilant
PROTONIX	TABLET	Gastrointestinal Disease	M	Omeprazole, Lansoprazole, Pantoprazole, Nexium, Dexilant
RANITIDINE	CAPSULE	Gastrointestinal Disease	G	Available OTC
RANITIDINE	TABLET	Gastrointestinal Disease	G	Available OTC
RYBIX ODT	TABLET	Pain Management	B	Ultram ER
RYZOLT ODT	TABLET, ODT	Pain Management	B	Ultram ER
TIROSINT	CAPSULE	Metabolic Disease	B	Levothyroxine
TREXIMET	TABLET	Migraine	B	Available as individual products (Sumatriptan & Naproxen)
TRIAZ	PAD, LOTION	Skin Disease	M	OTC Benzoyl Peroxide Product
URIBEL	CAPSULE	Urinary Disease	B	Uretron DS
UROCIT-K 15	TABLET CNTLD RELEASE	Urinary Disease	M	Potassium Citrate
XENICAL	CAPSULE	Nervous System Disease	B	May be covered by some plans
ZEGERID	CAPSULE, PACK	Gastrointestinal Disease	M	Omeprazole, Lansoprazole, Pantoprazole, Nexium, Dexilant
ZONATUSS 150	CAPSULE	Cough/Cold/Allergy	B	
ZYBAN†	12-HOUR TABLET	Smoking Cessation	M	May be covered by some plans

\* Brand new drugs will be excluded at launch until our National Pharmacy & Therapeutics Committee has reviewed the new product and the Business Implementation committee has determined tiering or permanent exclusion status.

† Smoking cessation may be covered if enrolled in Empower Coaching Plan

UnitedHealthcare  
Insurance Company



©2012 United HealthCare Services, Inc.

Insurance coverage provided by or through UnitedHealthcare Insurance Company or its affiliates. Administrative services provided by UnitedHealthcare Insurance Company, United HealthCare Services, Inc. or their affiliates. Health Plan coverage provided by or through a UnitedHealthcare company. OptumRx is an affiliate of UnitedHealthcare Insurance Company.

UHC5356-SONE\_120502 • Effective 07/01/2012